Revi	sion:	HCFA-PM AUGUST 1		(BPD)		Page	e 1		HMENT 2.6-A
Revi	sed:	April 1,					No.: 09.		
		/ STATE	PLAN UND			THE SOC	CIAL SECUR	ITY ACT	
		State:		AR	KANSAS				
			1	NCOME E	LIGIBIL	TY LEVE	ELS		
A. 1	MANDAT	ORY CATE	GORICALLY	NEEDY					
1.	AFDC-F	Related G	roups Oth	er Than	Poverty	Level	Pregnant W	women and	Infants:
	Famili	. 61.00	Nood Sta	ndard	Davemo	nt Stan		imum Paym	ent
•	ramii 1	Size	Need Sta \$ 280.0		S S	81.00	gara \$	Mounts 81.00	
	2		560.0		•	162.00	·	162.00	
	3		705.0			204.00		204.00	
	4		850.0			247.00		247.00	
	5		985.0			286.00		286.00	
	6		1,140.0			331.00		331.00	
	7		1,285.0			373.00		373.00	
	8		1,430.0			415.00		415.00	
	9		1,575.0			457.00		457.00	
2.	•	nt Women	•		r Secti	on 1902	(a)(10)(1)	VIVI of	the Act.
,		7 133 per			p (specif	ercent y)	(no more t	than 185	percent)
		Famil	y Size			In	come Leve	L	
			1			\$		-	
		_	2			\$		-	
			3			\$_		_	
		_	4			\$_		_	
			5			\$_		_	
	_	73.11							
TN N Supe TN N	rsede	12-20	Approval	Dat MAY	0 3 199	<u>33</u> e	ffective	DateAPR	0 1 1993
						H	CFA ID:	7985E	
							_		
					STAT	REC'D	KARPA MAR 29	1993	
					1	APPV'D	MAY 0	3 1993	Α

Revision: HCFA-PM-92-1 FEBRUARY 1992

(MB)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	ARKANSAS	
--------	----------	--

INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

STATE ayransar	
APR (1.6. 1992	
DATE REC D MAY 0 8 1992 DATE APPLYD MAP 11 1992	Α
MAR v 1 1992	
HGFA 174 42-18	

TN No. Supersedes MAY 0 8 1992

Effective Date MAR 01 1992

Revision	AUGUST 1991	(BPD)	SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-
Revised:	,		
	STATE PLAN UN	•	E SOCIAL SECURITY ACT
	State:	ARKANSAS	
	INCOM	E ELIGIBILITY LEVEL:	S (Continued)
	ONAL CATEGORICALL' RTY LEVEL	Y NEEDY GROUPS WITH	INCOMES RELATED TO FEDERAL
1. <u>P</u>	regnant Women and	Infants	
p.	regnant women and	infants under the p	pibility for optional groups of provisions of sections of the Act are as follows:
B (ased onpe no less than 133	rcent of the officia percent and no more	l Federal income poverty level than 185 percent).
	Family Si	ze In	come Level
	1	\$_	
		\$_	
	3	\$	
	4	Ψ	
,		₹_	
		\$	
	NOT APPLICAR	IF STATE DOES NOT	COVER THIS OPTIONAL GROUP.
	NOT ATTEICAD	CE. SIMIL DOES NOT	COVER THIS OPTIONAL GROUP.
	92.20		
TN No	Approval	Date 3/22/90	2 Effective Date 5/1/92
TN No	72-10		HCFA ID: 7985E
		STATE	(Mrkhusea)
		DATE R	REC'D 5-2-92.
		DATE A	APPV'D 5-22-92. A
		DATE E	FF 5-1-92 ^

HCFA 179 ___

Revision: HCFA-Region VI October 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	ARKANSAS	The second state of the se
	TO TH	IE SUPPLEMENTAL	GROUPS WITH INCOMES SECURITY INCOME (SSI)
1. Individua (42 CFR		_	le under a special income level
	_	•	pility for individuals with income that percent of the SSI Federal benefit rate.
			to allow eligibility for individuals with lower than 300 percent of the SSI
		Effective Date:	Amount
			\$
			STATE

TN NO. 9/-56 Supersedes

Approval Date: DEC 3 0 1991

Effective Date OCT 01 1991

TN No. See Aclos

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 4

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	ARKANSAS

INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL - NOT APPLICABLE AFTER JULY 1, 1991
 - 2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

percent (no more than 100 percent) of the official Federal income poverty line.

Family Size	Income Level	
	\$ \$	
<u>3</u> <u>4</u> 	\$ \$	
	\$	
<u>8</u> <u>9</u>	\$ \$	
10	\$	

<u> </u>			
IN No. // JU Approval IN No. // Approval	DEC 3 0 1991	Effective Date OCT 01 1991	_

Supplement 1 to Attachment 2.6-A, Page 2, Column 3, Approved 7-15-91, TN 91-22

HCFA ID: 7985E

1	STATE CICKANIAN	
	DATE REC'D NOV-2 (1931	٨
1	DATE APPVID UEU 3 U 1931	<i>F</i> -\
1	DATE EFF OCT 01 1991	
1	HCFA 179	

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ARKANSAS State:

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals - NOT APPLICABLE

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m) (4T of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Family Size	Income Level
1	\$
	\$
3	\$
_4	\$
5	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

Į	STATE arkansus	
B. Carrier of	DATE REC D - APR V 6 1992	Α
	DATE EFF - MAR 0 1 1992	
	HCFA 179 42-18	

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 8 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	ARKANSAS		
D. MEI	DICALLY NEEDY	INCOME LEVELS (C	ontinued)	
_ <u>x</u>	Applicable to a	ll groups.		all groups except below. Excepted evels are also tached page 3.
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 3 months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.10071/	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.10071/
<u>/X</u> /	urban & rural			
1	\$ 325.00	. \$	\$	\$
2	s 650.00	\$.	s
3	\$ 825.00	\$	\$	\$
4	\$ 1,000.00		\$	<u> </u>
pay	\$ 175.00/quarter The agency has met	\$ hods for excluding lf of individuals	\$ g from its claim fo whose income excee	\$ r FFP ds
Supplement	Approva 1 to Attachment 2.6-A, Page 5, 28-88, TN 88-15	1 Date DEC 3 0 1991	Effective Dat HCFA ID: 798	
	•	ſ	STATE Wicke	iwas

DATE REC'D NOV 2 7 1991

DATE APPV'D DEC 3 0 1991

DATE EFF OCT 0 1 1991 HCFA 179 -

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 9

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	AKKANSAS
State:	

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family	Net income level	Amount by which	Net income level	Amount by which
Size	protected for	Column (2)	for persons	Column (4)
	maintenance for	exceeds limits	living in	exceeds limits
	3months	specified in	rural areas for	specified in
		42 CFR	months	42 CFR
_/	urban only	$435.1007^{1/2}$		$435.1007^{1/2}$
<u>/X</u> /	urban & rural			
5	\$ 1,150.00	<u> </u>	\$	<u> </u>
6	\$ 1,325.00	\$	\$	s
7	, 1,500.00	•	•	•
				
8	\$ 1,675.00	\$	<u> </u>	\$
9	\$ 1,850.00	.	\$\$	\$
10	\$ 2,025.00	\$	\$	\$
For each additional person,	t 175.00 / quarte	or .		
add:	\$ 173.00 / quai ce	·	\$	\$

 $^{\underline{1}\prime}$ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

G151	
Supersed Approval Date DEC 3 0 1991	Effective Date UCI 01 1991
TN No. (Supplement 1 to Attachment 2.6-A. Page 5.	HCFA ID: 7985E

Approved 7-28-88, TN 88-15

STATE MEKANSAS	
DATE REC'NOV 2 7 1991	
DATE APPVIDEC 3 U 1991	Α
DATE EFF 0CT 01 1991	
HCFA 179	